Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

SIMIL OF MARTEARD	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	97)	
County Kleen Uline	Registration Dist. No. 2	54
Village or City Queenstaeve	NoSt	Ward
50 (16	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence in city or town where death occurred yes mos	ds. How long in U.S. if of foreign birth?yrs	mosds.
2. FULL NAME LULLELLY 15. WILLIAM	ny.	
(a) Residence: No. Suggestion (Usual place of abode)	st., Ward.	10.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town as MEDICAL CERTIFICATE OF DEATH	nd State
3_SEX 4. COLOR OR, RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	Vi III
OR DIVORCED (write the word)	Curust 27	193.
5a. If married, widowed, or divorced	(Month) (Day)	(Year)
HUSBAND of Mer Decurie Poole	22. I HEREBY CERTITY, That I ettende	d deceased from_
0 - 22 106	190 10000	1900
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days I LESS than	to have occurred on the date stated above at 1.30 m.	: death is said
7/1 Q 1 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
- 8 Trade, profession, or perticular	were es follows:	Date of onset
Kind of work done, as SPINNER, Cleature	ariero selerario	1905
9. Industry or business in which	www.	1110
work was done, as SILK MILL, Hushing & ite		
10. Date deceased last worked at this occupation (month and legal) from the this occupation.		
Jean Jean Jean Jean Jean Jean Jean Jean	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	() 1) 1 f	
	alla - Ollo Colilis	8-10
14. BIRTHPLACE (city or town)		30
14. BIRTHPLACE (city or town) CState or country)	Name of operation Date of_	200
	What test confirmed diegnosis? Was there are	
T T	23. If death was due to externel causes (VIOLENCE) fill in also the follow	•
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
non fruit B	Where did injury occur? (Specify city or town, county and St	tate)
17. INFORMANT (Address) 26. 6 Page Cah. (and 134)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC P	LACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Cutrevell , Date (luy 27 , 1935	Nature of Injury	
Beston / Sea	24. Was disease or injury in any way relate 40 occupation of deceased?	, 70
19. UNDERTAKER AND CONTROL OF THE CO	If so, specify	J-1-V
man Olyan 27, 25. Helen In Old :1	(Signed) Jacony Dr.	CL M.D.
20. FILED CALL 1950 Settler Control Registrar.	(Address) Quelus lune	4
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis CFP 6 1930	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. Now 55 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred How long in U.S. If of foreign birth?______yrs._____mos.____ds. (a) Residence: No If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (runite the word) (Month (Day) (Year) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) if LESS than to have occurred on the date stated above, at-Months Days I dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.._.. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.____ 11. Total time (years) 10. Date deceased last worked at spent in this this occupation (month and occupation _____ Other Contributory Causes of Importance: 12. BIRTHPLACE (city or town) (State-oc country) FATHER 14. BIRTHPLACE (city or town) Date of. (State or country) What test confirmed diagnosis? Was there an autopsy? MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in-elso the following: Accident, suicide, or homicide?______ Date of injury______ 19___ 16. BIRTHPLACE (city or town) (State or_country) Where did Injury occur?___. (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANTO (Address) 18. BURIAL CREMATION, OR Manner of injury 16.1933 Nature of injury 24. Was disease or injury in any way related to occupation of deceased 19. UNDERTAKER Z (Address) If so, specify

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BURFALL				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

PHYSICIANS should state kD. Every item of infor-

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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(82.0)
County Luces and	Registration Dist. No. 2.51
Village or City ne Centreville	No. St., Ward
	death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
$(A \cdot A \cap A)$	4
2. FULL NAME Conse G. Dyer	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored Wedowed	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Johns Byeres (decease)	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) dug 2 1865	I last saw h alive on 19 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a 12-Pm.
7D - 6 100y,min.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Cerebral Hemorahane
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and	chobrae vemontage
work was done, as SILK MILL, SAW MILL, BANK, etc	
- 1 time code batton (month and	
year) occupation	Other Contributory Causes of Importance;
12. BIRTHPLACE (city or town) Sidely Cure Co	
(State or country)	
13. NAME 13. PLANE (City or them) Discuss and Co	
14. BIRTHPLACE (city or thum) Surless Construction (State or country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Sieles Grille Co.	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT albert L. Cheeks	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) (18 BURIAL CREMATION, OR REMOVAL	
Piace Salem Church Date aug. 8-, 1935	Nature of injury
19. UNDERTAKER anie The Cadhia (Address) Controvide ma	24. Was disease or injury in any way related to occupation of deceased?
20. FILED aug 7, 19 35 - W. H. Good	(Signed) Wh. D.
Registrar.	(Address)

V. S. No. 1

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Example I		Example II		
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Chronic interstitial populatis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage R	July 5,1927	Peritonitis	3 days ago	
9EP 4				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

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See instructions on back of certificate.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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V	0	U	7	1.1	

1. PLACE OF DEATH	1.7
Village or City Us Dond an	No. Registration Dist. No. 20
2 0	If death occurred in a hospital or institution, give its NAME instead of street and number)
1: 17/11/01	s. Adds. How long in U.S. if of foreign birth?
2. FULL NAME Duf Maubling Cl	origh
(a) Residence: No. (Usual place of abode)	/ St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That 1 attended deceased from
6. DATE OF BIRTH (month, day, and year) Luce 3. 1935	I last sawh alive on day 7 , 1932; death is said
7. AGE Years Months Days If LESS than 1 day,hrs,	to have occurred on the date stated above, et
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Lalle Entertis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at his occupation (month and	
SAW MILL, BANK, etc	-
O this occupation (month and spent in this occupation	
12. BIRTHPLACE (city or town) The Dandey My.	Other Contributory Causes of importance:
(Stata or country)	- and werms may Tell in
14. BIRTHPLACE (city or town). The Mary clil	7
4. BIRTHPLACE (city or town) Mengell (State or country)	Name of operation
15. MAIDEN NAME Heldy Ca half.	What test confirmed diagnosis? Was there an autopsy? Was there are autopsy?
16. BIRTHPLACE (city or town) The Jump timely	23. If daath was dua to external causes (VIQL ENCE) fill in also the following: Accident, suicide, or homicide?
(Stata or country)	Where did injury occur?
17. INFORMANT Toly Closely My Address) Baid on My	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Jung Mills Date 7, 1936	Nature of injury
19. UNDERTAKER / 4. Hilliam (Address)	24. Was disease of injury in any way related to occupation of deceased?
a 121 - 00 1 1 1 1 1 1	If so, specify (Signed) A Unite cell M.D.
20. FILEBOLICA 31, 1935 Clasa Cotto Cal Registrar.	(Address) Auch Ath Med
If more blanks are needed address State Peristran	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes name earlier morbid complications, if any, related to the principal cause and any important complication of the principal cause, Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis BUREAU V S	1915	Attack of epilepsy	1 week ago
Chronic interstitial hephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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	Every Item of information should be carefully supplied. ACE should be stated EXAC	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly cla	statement of OCCUPATION is very important. See instructions on back of certificate	
	ery	AN	ate	
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	PLACE OF DEATH	STATE OF MARYLAND
C	County Their Cince	CERTIFICATE OF DEATH
n	lar p: an' A	Registration Dist. No. 250
Ville	2FULL NAME Clisabeth & Cl	St: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Aug. 7. 1995
6 D	Oct. 24, 1934 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1935 to 7, 1923 that I last saw ham alive on 24 6 , 1923 3
7 AC	ge	and that death occurred on the date stated above, at 1202th. The CAUSE OF DEATH * was as follows:
(a pa	Trade, profession or articular kind of work General nature of industry	Carte Enland
bu	Isineas, or establishment in hich employed or (employer)	(Duration) vis. mos 4 de
9 BI	(State or country) Quely annea Co.	Contributory ON GALLE COMMAND FULLY Secondary Name of the Command
	10 NAME OF OSCAL Claryle	(Signed) M. D. M.
ENTS	of father (State or country) Oelaware	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	of Mother Hester a. Pierson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country) Delawase	At place of deathyrsmosds. In the Stateyrsmosdr
14 T	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Millington, Ma- RS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Lengleville. Ind. Cug. 9, 1935
15	Filed aug 7/ 1935 James J. Knotte	20-UNDERTAKER HO O ADDRESS

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) tired 6 yrs). state occupation at beginning of illness. If retire gaged in domestic service for wages, as Servant Cook, fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (verticed 6 yrs). For persons who have no occupation or given up on account of the DISEASE CAUSING DEATH Houseniaid, etc. If the occupation has been cl ployed, as At school, or At home. Care should be definite salary), may be entered as Housewife, laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer ar Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekcepers who receive Civil engineer, Physician, Compositor, Architect, r," etc., Foreman, or At Home, and children, not gainfully especially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Day (b) Automobile factory. The Stotionary fireman, etc. But in many Locomotive engineer, (b) material Grocery; d ftom Hometakadn

Statement of Cause of Death—Name, first, the Disservation of Cause of Death—Name, first, the Disservation of Cause of Death—Name, first, the Disservation of the Same of Cause of the Same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhaid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

permanently filed.

abswered in detail, it will prevent further correspondence. All the volta is essential and must be obtained before the certificate is

If this certificate is looked over thoroughly and all qu stions

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diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease of as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis af lungs, men-American Medical Association.) examples: Accidental drowning; Struck by railway trainganus) may be stated under the head of "contributory." peroved by Committee on ecident; Revolver wound af head-homicide; Poisoned by Recommendations on statement of cause of death rbolic acid-prabably suicide. The nature of the injury, fracture of skull, and consequences (e. g., sepsis, perilonoeum, etc., Corcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi ChronicCorcinoma, Sarcoma, etc., of etc. valvular heart disease; Nomenclature of the The contributory Measles;

V. S. No. 1

ż

of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	8957
1, PLACE OF DEATH	127)	
County Fleen auce	2	54
County	Registration Dist. No.	
Village or City Carnuckie	NoSt.,	Ward
	ds. How long in U.S. if of foreign birth?yrs,n	
2. FULL NAME Saphia Vergina Stevent (a) Residence: No. 25/W 10/245+ My	Suffer New York.	n-y
Home - (armichea (Usual place of abode)	If nonresident give city or town an	d State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	U
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Colored OR DIVORCED (write the word)	21. DATE OF DEATH Orgust 30 (Month) (Day)	, 193 S (Year)
5e. If married, widowed, or divogced HUSBAND of (or) WIFE of Ruchau Guffin	22. I HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year) They, 17-1878		eath is sald
7. AGE Years Months eys If LESS than	to have occurred on the date steted above at 11	,
59 (/13 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Ormin.	were as follows:	Oate of onset
8. Trade, profession, or perticular kind of work done, as SPINNER,	Phalica Af	111111
SAWYER, BOOKKEEPER, atc.	coule Tyslies	The state of the s
work wes done, es SILK MILL, SAW MILL, BANK, etc.		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and year) 11. Total tima (years) spent in this occupation		
12. BIRTHPLACE (city or town) / Sattuese	Other Coutributory Causes of importance:	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) 14. Citate or country) (State or country)		~~
14. BIRTHPLACE (city or town) / Deceme and Co	Name of oparation Dete of_	
(State of Country)	What test confirmed diagnosis? Was thera an	aulopsy?_/
E 15. MAIOEN NAME Saral E. Brain	23. If death was due to external causes (VIOLENCE) fill in also the following	10:
15. MAIOEN NAME Saral C. Sraw 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17. INFORMANT Catelles Flags (Address) Leccultum + R 7. 0.	(Specify city or town, county and St. Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC P	ale) LACE.
18. BURIAL, CREMATION, OR REMOVAL Place Marie Mare Sept 1 , 1935	Manner of injury	
19. UNOERTAKER Barton Bras	24. Was disease or injury in any way related to occupation of deceased?	llo

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

L Registra

If so, specify (Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

V. S. No. 1

Every item of infor-	CIANS should state	ement of OCCUPA-	1
RD.	HYSI	stat	
RI	(. PI	Exact	
RMANENT	XACTLY	classified.	
IS A PE	stated E	properly	certificate
HIS	be	be	jo
N. BWRITE PL., LY, WITH UNFADING INK-THIS IS A PERMANENT RI RD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACLLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
7	1	T)

STATE OF MARYLAND—	CERTIFICATE OF DEATH	سيدة
1. PLACE OF DEATH	——————————————————————————————————————	2
County Treen Rune	Registration Dist. No. 25	2
Village or City Controlle	NoSt.,	Ward
(If Length of residence in city or town where death occurredyrsmos-	death occurred in a hospital or institution, give its NAME instead of street and	number)
DO'0. 7 71		
Ob The S		1/20/2
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and	I State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market Market S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193
5a. If marriad, widowad, or divorced	(Month) (Day)	(Yaar)
(Or) WIFE of Arma K. Idarrison	1 HEREBY CERTIFY, That I attended	
E DATE OF DIPTH (month day and was) Trilly 3-1862	Varia 14 1935 10 H & 31.	, 19. 3 &
U. DATE OF BIKIN (month, day, and year)		; death is sald
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, afm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
Ormin.	were as follows:	Date of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, Returned Farmers SAWYER, BOOKKEPER, etc.	Carrentom, & Recture	1931
	7,00	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Date deceased last worked at this occupation (month and 1932 spent in this year) occupation		
12. BIRTHPLACE (city or town) St. Muchaels	Other Contributory Causes of importance:	
(State or country)		
13. NAME Was J. IVarrian		
13. NAME Warrison 14. BIRTHPLACE (city or town) Jackson (State or country)	Name of operation Date of	
(State or country) Muss	What test confirmed diagnosis? Was there an	autopsy?
15. MAIDEN NAME Susan Italian	23. If death was due to external causes (VIOL ENCE) fill in also the followin	
15. MAIDEN NAME Susan Italian 16. BIRTHPLACE (city or town) St. Michael	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Whera did injury occur?	
17. INFORMANT P. J. I arrison (Son) (Address) Ventientle Ind	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	ACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Dicharte Syst 1, 1935	Nature of Injury	
19. UNDERTAKER Manual & Marine	24. Was diseasa or injury In any way related to occupation of deceased?	
20. FILED Sept. 1, 1935 Mamis S. Bright. Focal Registrar.	(Signed) Leur Trale (Address) Veculte vide	Lend D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting 7) S. No. 1	

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To be complete, an occupation return must sta	To	be	complete,	an	occupation	return	must	state
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8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," worker, "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN

CAUSE OF DEATH in plain terms, so that it may be properly classified.

AGE should be

mation should be carefully supplied.

TION is very important. See instructions on back of certificate.

stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA-

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 08989
1. PLACE OF DEATH	
· County Hand Queen anne	Registration Dist. No. 2 3 3
Village or City mullenton wh NF	No. St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrsm	
2. FULL NAME James Elyvoth	Henry
(a) Residence: No	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Washing A.	21. DATE OF DEATH (Month) (Day) (Year)
5a, If married, widowed, or divorced	
HUSBAND of Covence Heury	1 HEREBY CERTIFY That I attended deceased from
01	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw harm alive on little 17 , 19-30; death is said
7. AGE Years Months Days If LESS than I day,hrs	to have occurred on the date stated above, at
, or	were as follows: Dats of onest
8. Trade, prófession, or particular kind of work done, as SPINNER,	7 1. 24
SAWYER, BOOKKEEPER, etc.	
work was done, es SILK MILL, SAW MILL, BANK, etc.	
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month end year) gear) Occupation	
12. BIRTHPLACE (city or town) Cent Co (State or country)	Other Contributory Causes of Importance:
	_
14. BIRTHPLACE (city or town)	Neme of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Quary Took 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Keril Co	Accident, suicide, or homicide? Date of Injury, 19
X (State or country)	Where did Injury occur?
17. INFORMANT TOTELLE SENSY (Address) Proposition of 18/17/10	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place + orentain in Dete Cing to 193	Neture of Injury
19. UNDERTAKER BA Ottellows (Address) Still Cond Sand	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED any 19, 19.35 77 m Stall	(Signed) A. V. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example I		Example II	
The principal cause of of importance were as fo	leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is	1921	Run over by street car	1 week ago
Cerebral hemorrhage	SEP 4 1935	Jay5,1927	Peritonitis	3 days ago
	BUREAU V S		(,), (,)	
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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		4	,	
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1. PLACE OF DEATH	AND—CERTIFICATE OF DEATH 08990
County Melu Quino	Registration Dist. No. 254
Village or City Mean Land	willeno, St.,
about 20	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town whara daeth occurred	mosds. How long In U.S. if of foreign birth?yrsmos
2. FULL NAME	allo-
(a) Residence: No. (Usual place of abod	St., Ward. e) If nontesident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	ARS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, Y OR DIVORCED (with HUSBANO of (or) WIFE of	VIDOWED, the word) 21. DATE OF DEATH (Month) (Dey) (Ye 22. I HEREBY CERTIFY That I attended daceasa
6. DATE OF BIRTH (month, dey, and year) Luclusur	I last saw h elive on , 1920, to , 19 , 19 , daath to have occurred on tha date stated above, et 3 , m.
Oleoux 100 yers old 1. da	y,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trada, profassion, or particular kind of work dona, as Sylnner, SAWYER, BOOKKEEPER, atc.	Osely Dio. Primary, Come: Core
9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc	- brak hedrershage capage
10. Oate daceased last worked at this occupation (month and year) occupation occupation.	ars) is
12. BIRTHPLACE (city or town)	Other Coutributory Causes of Importanca:
(State or country)	- Irlerus Velesorois
13. NAME UULLEOLON	
14. BIRTHPLACE (city or town)	Nama of oparetion
E 15. MAIOEN NAME LILA & DA LOSS	Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in elso the following:
15. MAIOEN NAME LICE Ceity or town)	Accident, suicida, or homicida? Date of Injury, 19
State or country)	Where did injury occur?
17. INFORMANT Care Start on (Address) Easton - md.	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Socion 2nd Oate 5/11	Mennar of Injury
19. UNOERTAKER OULD A BOULD	24. Was disease or injury to any way related to occupation of deceased? If so, spacify
20 FILEO alg. 140 35 - Nelen M. al	Addge (Signad) LAD (O) (Myll) Registrar. (Addfass) A A + P + P + P + P + P + P + P + P + P

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of oeset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis SEF 6 1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage SHREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
				The second secon		

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

AD. Every item of infor-

Exact statement of OCCUPA.

N. B.

STATE	OF MARYLAND	-CERTIFICATE	OF	DEATH
1. PLACE OF DEATH		134)		

1. PLACE OF DEATH	134)
County Juean anne	Registration Dist. No. 253
Village or City Cheoker	NoSt.,Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
70	d and d
2. FULL NAMECHOMAS Denry	ones
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White Married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(OI) WIFE OF Unnie A. Jones	22. HEREBY CERTIFY. That I attended degeased from
6. DATE OF BIRTH (month, day, end yeer) A Per 13 1864	I last saw h curvalive on 1 aug 29 /19 3 5 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
70 8 16 1day,hi	The FRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or perticular	Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Wilalalian of heart
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) this securation (month and	
SAW MILL, BANK, etc	
this occupation (month and spent in this occupation year)	
12. BIRTHPLACE (city or town). Chester md.	Other Contributory Causes of importance:
(State or country)	Relia, Mario
13. NAME Samuel Up Jones	
14. BIRTHPLACE (city or town) Kent Co. md	Neme of operation Dete of
(State or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Sarah a. Thompso	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIDEN NAME Sarah a - Thompso 16. BIRTHPLACE (city or town) Dasletter Co	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Where did Injury occur?
17. INFORMANT Mrs Um. O- Sewell	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Chester and	
18. BURIAL, CREMATION, OR REMOVAL,	Manner of injury
Place LEVELLE Date Date 190	Nature of injury
19. UNDERTAKER	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER. Momas (Address) Slevensaufle ne	If so, specify

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I			Example II		
The principal cause of dear of importance were as follows:	th and related causes ws:	Date of priset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	RECEIVE	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	SEP 4 1930	July 5, 1927	Peritonitis	3 days ago	
	SUREAU V.	S.			
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis Gastroenteritis	1 year	

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

AD. Every item of infor-

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RE

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND-CERTIFICATE OF DEATH

0	0	13	9	1
1.7	13	1	13	
5.	0	11	2/	2

1. PLACE OF DEATH	620
County appleu aures	Registration Dist. No. 253
Village or City Theate -	No. St., Ward
Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsds.
2. FULL NAME Undan Orlina	/ letter -
(a) Residence: No. (Usual place of abode)	St., Ward.\ If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH A
OR DIVORCED (write the word)	lue 16 193 S
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of Cor) WIFE of	22. I HEREBY CERTIFY, That i ettended deceased from
A 0 0 7 1973	1920, to CUL 16, 1921
6. DATE OF BIRTH (month, dey, end yeer) Wee 2 18 3	i fest saw h 2 alive on 1, 1, 2 ; death is said
7. AGE Yeers Months Deys If LESS then 1 day,hrs,	to heve occurred on the dete steted ebove, atm.
6/1/20 ormin.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance were es follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	Α
SAWYER, BOOKKEEPER, etc.	filleral Muontage
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9, Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc 10. Dete deceased lest worked et this occupation (month and	
10. Dete_deceased lest worked et 11. Totel time (yeers)	Chronic mysearditis Suration: fourteen
O this occupetion (month and spent in this year) occupetion	months auff
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country)	My boatour.
I 13. NAME Commend R. Dugges	
14. BIRTHPLACE (city or town)	Neme of operation Date of
(Stete or country) WO USA TUBE .	Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Clina Bew	23. If deeth was due to externel ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of Injury, 19
(State or country) NO WOY Muse,	Where did injury occur?
17. INFORMANT Mara But 13. Stoom Co	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address)	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece planeus ville Date du 7019 35	Neture of injury
19. UNDERTAKER BOOKER TOOG	24. Was disease or injury in eny wey related to occupetion of deceased?
(Address) Calrevila Wo	If so, specify
20. FILED Clug 27 35 F.C. Thomas	(Signed) Whoo G, Ouy M.D.
20. FILED LOCAL Registrar.	(Address) Plevere by Pellevied.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Example I		Example II		
The principal cause of death and related of importance were as follows: Arteriosclerosis	The state of the s	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis	1991	Run over by street car	1 week ago	
Cerebral hemorrhage SEP 4	1935 July 5, 1927	Peritonitis	3 days ago	
BUREAU	U V. S.			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

FOR

RESERVED

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	dolara	Example II		
The principal cause of death and related causes of importance were as follows: CEIVEI	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset	
Chronic interstitial nephritis SEP 5 1935	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:	***************************************	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

>

(Year)

occurred on the data stated above, at 2. 4 m.	.; uaatn is said
INCIPAL CAUSE OF DEATH and ralated causes of Importance	
s follows:	Date of onset
remediena Birth- (7 mm	(20)
··	
Cautributory Causes of importance:	
organtel werkens	
f operation Data of	
st confirmad diagnosis? Was thera an a	utopsy? 200
th was dua to axternal causes (VIOLENCE) fill in also the following	
t, suicide, or homicide? Date of injury	
lid injury occur?	, 10
(Specify city or town, county and State whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PLA	e) ICE.
of injury	
of injury	
disease or injury in any way related to occupation of deceased?	
gnad) Controlle 32. (Address) Controlle 32.	м. D
(Address) Cleadeardle 22	c.l.
harles Street, Baltimore, Requesting U. S. No. 1.	

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis -3 days ago Other contributory causes of importance: Other contributory causes of importance: 12 Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL	SPACE F	FOR 1	FURTHER	STATEMENTS	BY	PHYSICIAN

AGE should be stated EXACTLY. PHYSICIANS should state

Exact statement of OCCUPA.

AD. Every item of infor-

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT REC

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

V. S. No. 1

TION is very important.

See instructions on back of certificate.

STATE OF MARYLAND-	CERTIFICATE OF DEATH 08995
1. PLACE OF DEATH	(210-00)
County / hall treccely y	Registration Dist. No. 25
Village or City Real Releases. Hell	No. St. Ward
1 Massing	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred vis	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME/CUI HARRE D. MINS	If U.S. Veteran specify WAR.
(a) Residence: No. 4/16 M. Og Malia at 18	St., GA Ward.
(Manal place of abode) (LLL	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed for divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
1 mill 21-1868	02 de de 04 04 04 0 315
6. DATE OF BIRTH (month, dey, end year) / Company / Comp	I last saw h last adversaria and last said
7. AGE leas months bays lices than 1 day,hrs.	to have occurred on the date stated above, etm, The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trade, profession, or particular	were as follows One of NOAM Date of unget
SAWYER, BOOKKEEPER, etc.	Kain .
Industry or business In which	- Mangay'
work was done, as SILK MILL, SAW MILL, BANK, etc	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	thought all all
(State or country)	automic Africano
13. NAME A CULLEY STORY 14. BIRTHPLACE (city or town)	us waich call to many
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Ala	23. If death was due to external causes (VIOL ENCE) fill in also the following:
	Accident, sulcide, or homicide? Dete of Injury 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) / 500 / Meditar of M. 100 a	Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury Summer of
Place Micago Date ang 14 , 1935	Nature of injury WOUL
19 UNDERTAKER Vm. H. Good	24. Wes disease or injury In any way related to occupation of deceased?
(Address) Church Hill Md.	If so, specify f.
20. FILED aug 1/0 1935 - W. H. Good	(Signed) O 1100 M. D.
Registrar.	(Address) Olllelle A. Lota Beg

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	Muly 5,1927	Peritonitis	3 days ago
DEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Exact statement of OCCUPA-

V. S. No. 1

STATE OF	MARYLAND-CERTIFICA	ATE OF	DEATH
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08996

1. PLACE OF DEATH	97)
County Lucy Conne	Registration Dist. No. 252
Village or City Centrenelle Med	No. St., Ward
(I	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Vosich Rhades	
(a) Residence: No. / Centrevelle Mea	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male white OR DIVORCED (write the word)	(Month) (Day) (Year)
5e, If-married, widowed, or diversed	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I ettended deceased from
course works 1 report	13 , 19 30, to they 13 , 19 31
6. DATE OF BIRTH (month, dey, and yeer) Nec. 12 - 1855	I last saw h elive on 1977; deeth is seig
7. AGE Yeers Months Deys If LESS then	to heve occurred on the date steted ebove, etm.
79 8 / 1 dey,hrs.	the rather AL CAUSE OF DEATH end telated causes of importance
1 9 Trade profession or postiguitar	Date of one of
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc	Will Milaboling of W
9. Industry or business in which work wes done, es SILK MILL,	
SAW MILL, BANK, etc.	. Mul.
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(Stete or country)	-11
13. NAME John H. Is hodes	mmi. Arm
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stete of Country)	Whet test confirmed diagnosis? Wes there en eutopsy?
15. MAIDEN NAME Mary Council	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
16. BIRTHPLACE (city or town) John for the Mid	Where did injury occur?
no In 1 Pt day	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, GREMATION, OR REMOVAL	1 Manage of Indiana
Plece Chatruelle Dete ling 16 1934	Manner of injury Nature of injury
Rat. R	1. 5
19. UNDERTAKER AUCTION SCALE	24. Was diseese or injury in eny wey releted to occupetion of deceased?
(Address) Centrevelle, Med.	If so, specify
20. FILED (Sug. 16, 1935 // James & Bright:	(Signed) M. I
Registrar.	(Address)

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Chronic interstitial nephritis CFIVED	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SEP 5 1935			
Other contributory causes of importance: S.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

	RE
ARGIN RESERVED FOR BINDING	N. B.—WRITE PLALAT, WITH UNFADING INK—THIS IS A PERMANENT REC
OR	4
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SERVED	INK-THIS
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ARGIN	UNFADIA
	WITH
	PLALAY,
No. 1	3WRITE
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>	4

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

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CAUSE OF DEATH in plain terms, so that it may

TION is very important.

certificate.

See instructions on back

D. Every item of infor-

Exact statement of OCCUPA-

STATE OF MARYLAND-	CERTIFICATE OF DEATH 08997
1. PLACE OF DEATH	
	Registration Dist. No. 253
County Suegn Cures	
Village or City Allevinsuelle (III	No. St., Ward [death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME John (Jarrott 1/0	E/
(a) Residence: No. The Wall (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (LUG 5 193 5
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND OF CORD WIFE OF Sale Mason for	22. HEREBY CERTIFY That I attended deceased from 10 1934 to 10 1935
6. DATE OF BIRTH (month, dey, end yeer) Felt, 940 1861	I lest sew h. Let elive on
7. AGE Yeers Months Deys If LESS then	to have occurred on the dete steted above, atm.
74 4 27 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows:
8 Trade profession or particular	Date of onset
9. Industry or business in which	organization C
work wes done, as SILK MILL, SAW MILL, BANK, etc.	Karliaa (ulan (ulu)
10. Dete deceased last worked at this occupation (month and yeer) 11. Totel time (yeers) spant in this yeer)	Chronic Injocondition Cutor (
Localto in 10	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stete or pountry)	Ortoria Optom
The state of the s	www.ges.ges.
The state of the s	Name of operation
(Stete or country)	Name of operetion Dete of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Jusque Chance	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
Constantille	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town)	Where did Injury occur?
17. INFORMANT Sales Policy (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CAEMATION, OR REMOVAL	Menner of injury
Pleader bull pate lug 1, 193,	Neture of injury
The Klather des	24. Was disease or infury in any wey related to occupetion of deceased?
19. UNDERTAKER (COLL) (Address)	If so, specify
0. 19 30-1.00	(Signed) Share (Signed) M. D.
20. FILED CLEA G 1 1950 Collab	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes	D. 4
	of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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LA LY, WITH UNFADING INK-THIS IS A PERMANENT RE	ald be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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STATE OF M	ARYLAND-	CERTIFICATE OF DEATH 08998
1. PLACE OF DEATH		(112)
County Queen Chine		Registration Dist. No. 252
Village or City hear Centres		Np. St., Ward
Length of residence in city or town where death occurr		f death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2 FILL NAME Joan Sme		
(a) Residence: Np.	twille 3 3	St. Ward.
	al place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL P		MEDICAL CERTIFICATE OF DEATH
	E, MARRIED, WIDOWED, VORCED (prite the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. ff merried, widowed, or divorced * HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended deceased from
mane	7- 1935	, 19, to, 19
7. AGE Years Months Da		f last saw h; death is sald to heve occurred on the date stated ebove, atm.
4 18	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
8 Trade profession or particular	01	Baby woo ded when I are wed Date of onset
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked at this occupation (month and		wood ante Systetly with Commelaine.
	Total time (years) spent in this	Balywar deid when dotter sone called mararmed and
12. BIRTHPLACE (city or town) hear Cent	occupation	Dther Cantributery Causes of importence:
(State or country)	nd	Tatao-Railerika Had Consultional
13. NAME Louis Ryans Tr		Same and Carper State
13. NAME Tours Ryans VY 14. BIRTHPLACE (city or town) ML.		Neme of operation Date of
(Stete or country)	*	What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Curetta Since 16. BIRTHPLACE (city or town)	ch	23. If deeth was due to externel ceuses (VIDL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?
17. INFORMANT Auralla Smile	(Chrother).	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMATON, OR REMOVAL		
Place & Run vill Date	leg 5 ,1931	Manner of injury
19. UNDERTAKER Saufon on (Address)	all me	24. Wes disease or injury in any way related to occupation of deceased? Conorder If so, specify West Thomas Specific Conorder
20. FILED aug 5, 1935 Mamie	& Bright:	(Signed) W. Naury Fisher Coroners Physica.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
011			P	
Other contributory causes of importance:		Other contributory causes of importance:	•	
Gallstones	May 1,1923	Gastroenteritis	1 year	
			(

STATE OF MA	KILAND—CEKIIF	ICATE OF DEATH	1895.
1. PLACE OF DEATH		—(92-a)	
County Luces Up		Registration Dist. No.	NY
Village or City of Centre	No.	St. a hospital or institution, give its NAME instead of street	
Length of residence in city or town whare death occurre		ow long in U.S. if of foreign birth?yrs	
2. FULL NAME Sallis 1	Milyan		
(a) Residence: No.	St.	Ward.	
(Usuai	place of abode)	If nonresident give city or town	and State
PERSONAL AND STATISTICAL PA	RTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
3. SEX 4. COLOR OR RACE 5. SINGLE, OR DIV	MARRIED, WIDOWED, 21. DATE (DRCED (write the word)	OF DEATH	
Lemale, bloked Wis	oreed	(Month) (Day)	, 193 (Y
5a. If married, widowed, or divorced HUSBAND of	171,0 22, 191	HEREBY CERT RY, That I atter	
(or) WIFE of WM Colsivo	the Welson In	Ly 19 35 to Lung	ided decease
6. DATE OF BIRTH (month, day, and year)	0 - 1883 Hast say hur	Talive on One 5	الاق death
7. AGE Years Months Days		ed on the data stated above. a	
52 3 27	1 day,hrs. The PRINCIPA	AL CAUSE OF DEATH and related causes of importance	
Z 8. Trade, profession, or particular	.0		Date
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	e wife him	- Paleula shows	
The state of the s	िन व	he thor,	
10. Date deceased last worked at	otal time (years)		
this occupation (month and year)	spent in this occupation		
9.00		atory Causes of importance:	
12. BIRTHPLACE (city or town) Sulla (State or country)	marco Vans		
13. NAME PARM, hO:01			
13. NAME Plan Will 14. BIRTHPLACE (city or town) Queen	Part of C Name of areas	tion	
(State or country)	1	tion Data irmed diagnosis? Was thera	
15. MAIDEN NAME MAKE Fris		due to axternal causes (VIOLENCE) fill in also the folio	
16. BIRTHPLACE (city or town) Lieur A		da, or homicide?	
(Stata or country)	Where did inju	ry occur?	
17. INFORMANT Coleiasethe ari	Cheir Specify whather	(Specify city or town, county and er injury occurred in INDUSTRY, In HOME, or In PUBLIC	State) C PLACE.
(Address) Court evelle	PT. 10.		
18. BURIAL, CREMATION OR REMOVAL	Manner of injur	ry	
Piace Public Plant Date Co.	Nature of injur	у	
19. UNDERTAKER USINIE W. ad	Aux 24. Was disease.	or injury in any way related to occupation of deceased	ر لعم
(Address) Centlentle	If so, specify	h so BP	
20, FILED Gleg 10, 1935 [Jamis	8. Bright. (Signed)	Wy My Kon	d. A
	Local Registrar. (Ad	deress) Lucture	IN

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
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	1915 1921 July 5, 1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	